

APPLICATION FOR CERTIFICATE OF REGISTRATION ADMINISTRATORS

ADDRESS

7. Give name of all persons who will be authorized by applicant to act under the certificate and the relationship of each to applicant. (Each person must meet all requirements of natural person as enumerated in Section 33-17-603(2), MCA.

NAME

RELATIONSHIP TO APPLICANT

8. Does the applicant agree that, if certificate is issued, only those persons named in the certificate will transact insurance under this certificate? ☐ YES ☐ NO
9. Is applicant, or any person listed, delinquent in remitting premiums or funds to the person(s) entitled thereto or has such a debt ever been forgiven? ☐. If yes, attach a detailed statement listing the names, dates, and explaining the circumstances.

DO YOU, AS APPLICANT, AND ALL PERSONS NAMED (IN ITEMS NO. 6 AND 7 ABOVE) AGREE AS FOLLOWS:

1. To obtain a written agreement between you and each insurer as required under Section 33-17-602, MCA, and to retain such agreement for its duration and for 5 years thereafter? ☐
2. To contain in the required written agreement provisions which include the requirements of 33-17-612 through 33-17-617 insofar as they relate to the functions performed by you? ☐
3. To maintain in accordance with prudent standards of insurance recordkeeping adequate books and records of all transactions between you, the insurers, and the insured persons, for the duration of the required written agreement and for 5 years thereafter? ☐
4. To maintain the above-mentioned books and records at your principal administrative office? ☐
5. To allow the Commissioner of Insurance access to the above-mentioned books and records for examination, audit, or inspection? ☐
6. To obtain the prior approval of the insurer before using advertising pertaining to the business underwritten by such insurer? ☐
7. To hold in a fiduciary capacity all insurance charges or premiums collected on behalf of or for all insurers and return premiums received from such insurer? ☐
8. To immediately remit to the person(s) entitled thereto or to promptly deposit in a fiduciary bank account any such funds as mentioned in #7 above and to maintain clear records of the deposits and withdrawals on behalf of such insurer? ☐

9. **Not to pay any claim by withdrawals from the fiduciary account(s) and that any withdrawals shall be made only as provided in the written agreement?** _____
10. **To adhere to the requirement that all claims paid by the administrator shall be made only drafts of and as authorized by each insurer?** _____
11. **To promptly deliver to the policyholder any policies, certificates, booklets, termination notices, or other written communications after receipt of instructions to do so from the insurer?** _____
12. **To provide a written notice, approved by the insurer, to insured individuals advising them of the identity of an relationship between you, the policyholder, and the insurer?** _____
13. **To provide, in writing, to the person paying any charges or premiums to you, the amount of such charge or premium specified by the insurer for the insurance coverage?** _____

State of _____)

) ss.

County of _____)

_____(name) being duly sworn, deposes that he/she is the _____
_____(title of official capacity) of the above-named applicant and that the foregoing is a full, true, and correct statement of all the facts concerning this application. I understand that pursuant to Section 33-17-1001, MCA, any false statement contained in any document concerning this application may subject all licenses issued to me and this organization to suspension, or revocation, or other administrative action.

Signature

Subscribed and sworn to before me this _____ day of _____, 19__.

(SEAL)

NOTARY PUBLIC for the state of _____
Residing at _____
My commission expires _____